

## Module 3: Treatment and Recovery—The TC View

---

### Module 3 Goal and Objectives





**Goal:** To enable participants to understand how the TC views those who use drugs or alcohol and the changes in behavior and values necessary for recovery in a TC.




**Objectives:** Participants who complete Module 3 will be able to




- Describe three distinctive features of the TC: TC language, community-as-method, and rational authority
- Give an example of the TC views of the disorder, the person, recovery, and right living
- State at least three assumptions of the TC belief system
- Explain one way staff members can demonstrate that they understand the need for a belief system.

### Content and Timeline

Introduction	20 minutes
Presentation: Distinctive Features of TCs	30 minutes
Presentation: TC View of the Disorder and the Person	30 minutes
Exercise: Case Study of Ray—Disorder of the Whole Person	30 minutes
Break	15 minutes
Presentation: TC View of Recovery	15 minutes
Presentation: TC View of Right Living	10 minutes
Exercise: Role Play—Right Living	30 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding the Need for a Belief System Within the Community	10 minutes
Summary and Review	30 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 15 minutes

Slides	Notes				
 <h2 data-bbox="444 428 621 470">Module 3</h2> <p data-bbox="375 527 690 585">Treatment and Recovery— The TC View</p> <div data-bbox="217 688 584 751"><p data-bbox="282 688 584 751">U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov</p></div> <p data-bbox="802 772 846 785">OH#3-1</p>					
 <h2 data-bbox="337 905 716 936">Distinctive Features of TCs</h2> <ul data-bbox="233 1005 789 1205" style="list-style-type: none"><li data-bbox="233 1005 496 1037">• TC lingo or language</li><li data-bbox="233 1052 521 1083">• Community-as-method</li><li data-bbox="233 1098 456 1129">• Rational authority</li><li data-bbox="233 1144 789 1205">• TC views of the disorder, the person, recovery, and right living</li></ul> <p data-bbox="802 1287 846 1299">OH#3-2</p>					
 <h2 data-bbox="461 1419 594 1451">TC Views</h2> <table data-bbox="233 1514 818 1688"><thead><tr><th data-bbox="266 1514 480 1535">View of the Disorder</th><th data-bbox="578 1514 781 1535">View of the Person</th></tr></thead><tbody><tr><td data-bbox="233 1570 513 1688"><ul style="list-style-type: none"><li data-bbox="233 1570 469 1623">• Disorder of the whole person</li><li data-bbox="233 1638 513 1688">• Virtually every aspect of a person's life is affected</li></ul></td><td data-bbox="537 1570 818 1675"><ul style="list-style-type: none"><li data-bbox="537 1570 818 1675">• TC residents are able to change their behavior and become productive members of society</li></ul></td></tr></tbody></table> <p data-bbox="802 1801 846 1814">OH#3-3</p>	View of the Disorder	View of the Person	<ul style="list-style-type: none"><li data-bbox="233 1570 469 1623">• Disorder of the whole person</li><li data-bbox="233 1638 513 1688">• Virtually every aspect of a person's life is affected</li></ul>	<ul style="list-style-type: none"><li data-bbox="537 1570 818 1675">• TC residents are able to change their behavior and become productive members of society</li></ul>	
View of the Disorder	View of the Person				
<ul style="list-style-type: none"><li data-bbox="233 1570 469 1623">• Disorder of the whole person</li><li data-bbox="233 1638 513 1688">• Virtually every aspect of a person's life is affected</li></ul>	<ul style="list-style-type: none"><li data-bbox="537 1570 818 1675">• TC residents are able to change their behavior and become productive members of society</li></ul>				

Slides	Notes
 <b>Exercise: Case Study of Ray</b>  What are examples of Ray's <ul style="list-style-type: none"><li>• Cognitive and behavioral issues?</li><li>• Perceptual issues?</li><li>• Emotional issues?</li><li>• Social issues?</li></ul> <small>OH #3-4</small>	
 <b>TC View of Recovery</b>  <ul style="list-style-type: none"><li>• Gradual building or rebuilding of a new life</li><li>• Changes in thinking, feeling, values, behavior, and self-identity</li></ul> <small>OH #3-5</small>	
 <b>TC View of Right Living</b>  <ul style="list-style-type: none"><li>• Honesty in word and deed</li><li>• Responsible concern for others</li><li>• Work ethic</li><li>• Active and continuous learning</li></ul> <small>OH #3-6</small>	

Slides	Notes
 <h3 data-bbox="370 386 688 422">TCA Staff Competency</h3> <p data-bbox="326 489 732 552">Understanding the need for a belief system within the community</p> <p data-bbox="800 766 841 779">OH #3-7</p>	
 <h3 data-bbox="329 898 727 934">Journal Writing and Wrapup</h3> <ul data-bbox="232 1001 800 1157" style="list-style-type: none"><li>• How do you feel about what you have learned?</li><li>• What new ideas did you get from this module?</li><li>• What thoughts or concerns do you have about your role as a member of the TC?</li></ul> <p data-bbox="800 1283 841 1295">OH #3-8</p>	
 <h3 data-bbox="378 1413 678 1449">Prewrite for Module 4</h3> <ul data-bbox="232 1516 760 1579" style="list-style-type: none"><li>• Read Resource Sheet #4-1: Community-as-Method</li></ul> <p data-bbox="800 1799 841 1812">OH #3-9</p>	

## Resource Sheet #3-1: Case Study of Ray— Disorder of the Whole Person

---

Ray is a 28-year-old salesman who began smoking and drinking alcohol at the age of 14 and using marijuana and other substances when he was a junior in high school. At age 19 he was introduced to crack cocaine and started to freebase with others by the time he was 21. Cocaine became his substance of choice, although he continued to drink alcohol with his buddies while watching TV and videos.

### Education

Ray's elementary school years were extremely positive, and he loved to go to school. When he entered junior high, he had trouble with math but did not receive extra tutoring so he got behind in his work. Ray was quiet and did not feel comfortable or secure in the large metropolitan junior/senior high school complex. Gradually all his grades started to slip, and he started associating with other students who were not doing well.

When Ray was in 9th grade, his guidance counselor tried to intervene, but Ray felt disappointed because she did not understand his problems and home environment, which was becoming increasingly tense. Ray did not participate in school or religious activities, but he occasionally played sports at the city's afterschool programs.

During Ray's high school years, his life was fraught with disappointments, failure in school, and conflict at home. He increasingly became withdrawn, insecure, and fearful. His high school friends did not do well in school, and they often skipped school together to smoke cigarettes and drink alcohol. Ray dropped out of high school in his senior year after failing all of his courses. He was depressed and felt like a failure.

### Family Life

Although Ray's father drank on and off for many years, family life had been fairly routine. His father worked for the city's maintenance department, and his mother was a homemaker caring for Ray and his two younger brothers.

During Ray's junior high school years, his father became physically and emotionally abusive after he lost his job of many years because of a departmental budget cut in poor economic times. His violence escalated, and he was arrested when the neighbors called the police. Ray's mother would not let him back in the house when he was released. Ray then lost contact with his father and did not see him again until Ray was released from the TC.

Ray's mother became preoccupied with maintaining the two jobs that she needed to support herself and her sons and spent less and less time with Ray and his brothers.

## **Work History**

After dropping out of high school, Ray worked for 8 retailers over the next 10 years. He had a generally pleasant and outgoing personality. His income fluctuated considerably because he worked on commission. Ray frequently changed jobs after being scolded for not making his sales quotas. He was fired from his last two jobs for erratic attendance and being dishonest about his sales volume. Ray expected a lot from his bosses and felt that they should do a better job of training him.

Ray frequently would cancel appointments with prospective clients when his lunch hour with buddies lasted late into the afternoon. He frequently lied to his coworkers and bosses about an incredible series of misfortunes that caused him to miss important sales meetings.

Although Ray did not get high on the job, he often left work early on Fridays and did not come in on Mondays because he had been freebasing, drinking, and smoking marijuana over the weekend. He would often become angry and tell his drinking buddies what a terrible boss he had. He felt that his bosses had let him down because they would not support him when his sales volume declined, even though he spent extra hours on his successful sales. He believed he should have gotten bigger bonuses for his successful sales.

Because of his sense of disappointment that started in early in life, Ray began to mistrust people in general and particularly those in authority. He had trouble working with his bosses and other coworkers because of this mistrust.

## **Relationships**

Ray had been seeing a family counselor sporadically for the past 3 years at the insistence of his girlfriend, whom he met when he was 21. Tina was a college graduate who worked long hours at her job as assistant manager of a bank. She started using marijuana and consuming alcohol to socialize when going to parties with Ray. Gradually Tina's use increased at home as a way to express her love for him and strengthen their relationship.

Ray and Tina started living together when Ray was out of work and could not afford to live on his own any longer. He felt dependent on Tina emotionally and financially.

Ray frequently did not come home after work and would not tell Tina where he had been. He never told Tina when he changed jobs. She usually found out when he would make a big sale and tell her about the good news at his new job. He developed a pattern of lying to Tina about his whereabouts. Ray viewed lying to her as a way of showing he was independent and did not have to account for his time.

Ray often said that he forgot where he had been. Sometimes he would create a story about his whereabouts because it was more interesting than admitting he had slept all day after a night of drinking and drugging. He also lied to Tina about how much money he made and used more money on drugs.

Ray liked to meet his buddies over the weekend to watch TV at the local bars. He promised Tina that he would not get drunk, but he would often come home late on Sunday and then call in sick on Monday morning after she had left for work. He had many drinking buddies, but no one he considered to be a friend.

Tina believed it would be better to have Ray at home than in the bars, so she insisted that he invite people over to their apartment to watch games on TV. That was fine with Ray, and their home soon became a hangout for drinking and doing drugs during the weekend and increasingly during the week. When their life started to revolve around alcohol and drugs, their relationship became full of arguments and conflicts.

From time to time, Tina would ask about Ray's father or want to invite his mother or brothers over for dinner. Her attempts to know more about Ray's family resulted in intense emotional outbursts, bordering on violence. When asked about it the next day, Ray would deny that he had had an outburst and say that she was exaggerating.

## **Criminal Behavior**

Ray began to steal to support his drug use and lifestyle when his sales commissions were below his living expenses. His first arrest occurred when he got into a fight in a bar and was found in possession of marijuana. The second arrest came when he was in the car with a friend who had been drinking. When they were pulled over by a police officer, his friend was arrested for driving while intoxicated and Ray was arrested for possession of cocaine.

The court-ordered evaluation recommended a long-term TC. Ray felt lucky to have gotten off easy and anticipates that his stay in the TC will be a breeze.

## **Questions**

### **Cognitive and Behavioral Issues**

New residents of TCs typically use poor judgment and have difficulty making decisions. They also have trouble solving problems. New residents typically have poor awareness of themselves and how their actions affect themselves and others.

What are examples of Ray's cognitive and behavioral issues?

### **Perceptual Issues**

New residents typically do not see themselves as worthy people or as valuable members of society. They have low self-esteem and describe themselves as social deviants or victims of a society that owes them privileges and a living.

What are examples of Ray's perceptual issues?

## **Emotional Issues**

New residents have difficulty identifying and talking about their feelings, except for showing anger and hostility to hide underlying feelings such as fear, hurt, disappointment, or sadness. They have difficulty restraining themselves from emotional outbursts or aggressive behavior when they feel denied, impatient, or provoked. They are unable to tolerate frustration or emotional discomfort. They typically experience a great deal of guilt or shame and exhibit low self-esteem.

What are examples of Ray's emotional issues?

## **Social Issues**

New residents have been enmeshed in a drug-using peer group and, possibly, a criminal subculture. Often, they have no drug-free friends and associates and may be alienated from family members. They often are disengaged from mainstream culture and social institutions but have a sense of entitlement regarding what society owes them.

What are examples of Ray's social issues?

## **Motivation To Change**

Discuss how the TC can motivate a resident like Ray to change. Use the following four categories of TC activities for your discussion:

*Behavior management or behavior shaping:* The TC engages residents in a learning process that involves developing prosocial behavior through the community-as-method approach. Positive behavior is modeled and rewarded, and negative behavior is sanctioned.

*Enhancement of emotional and psychological life:* The TC provides a supportive environment in which residents can explore feelings and help one another identify self-defeating patterns of behavior and experience personal growth.

*Enhancement of intellectual and spiritual life:* Residents are encouraged to grow by thinking through their problems and learning about a world greater than themselves.

*Improvement of work and vocational skills:* Strong emphasis is placed on developing living and work skills so residents can be self-supporting and contribute to society after they leave the TC.



## Resource Sheet #3-2: Role Play of Right Living

---

### Scenario

Ray has been court ordered to treatment in a 6-month TC program. He thinks life will be easy for the next 6 months.

Ray is transported to the program by the sheriff's department and released to the program staff. He soon sees guys he knew from his high school days, which makes him feel right at home. After intake, Ray is introduced to Frank, a senior resident in treatment who is responsible for orienting Ray to some aspects of the program.

Ray is surprised at how seriously Frank is taking this responsibility. Ray starts to give Frank trouble and says that he expects the TC to train him and help him find a better job. Ray says that he is tired of sales and it is about time for someone to prepare him for a secure, high-paying job with regular hours.

Frank responds by acknowledging Ray has had a tough life and assures him he will be able to reach his goals. He explains some of the basic rules in a gentle way and says, "Don't worry about tomorrow. We will take it 1 day at a time. You will have jobs in the community here that will help you establish good work habits and relationships with coworkers and bosses."

### The Role Play

The role play begins with Frank introducing himself to Ray, followed by an explanation of right living. Frank uses the following as a guide to explaining right living:

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves. Responsible concern is necessary for self-help and mutual self-help and repudiates the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

## Summary of Module 3

---

### Distinctive Features of a TC

*A common language:* Common terms and expressions help bond staff members and residents and ensure that everyone understands and reinforces the same concepts and practices.

*Use of community-as-method:* The community-as-method approach is a social learning process, meaning that residents learn from observing one another and themselves. The community established in the TC functions as a facilitator of change. The community's structure creates a familylike atmosphere conducive to psychological, behavioral, and social change.

*Rational authority:* Professional clinical staff members have the authority to make all decisions related to residents, including resident status, discipline, promotion, transfer, discharge, furlough, and treatment planning. Staff members must use this authority in a consistent, trustworthy, compassionate, and rational way by explaining the reasons for their decisions.

Distinct TC views of the disorder, the person, recovery, and right living.

### TC Views

#### TC View of the Disorder

Substance use disorders are viewed as disorders of the whole person in which virtually every aspect of a person's life is affected.

#### TC View of the Person

TC residents are viewed as people who must and are able to change their behavior and become productive members of society.

#### TC View of Recovery

The TC defines recovery as the gradual building or rebuilding of a new life and results in changes in behavior and self-identity. Recovery is an incremental process that includes

- Becoming honest and responsible
- Recognizing the need to change
- Eliminating self-defeating behavior and thought patterns
- Learning to recognize and manage feelings without the use of drugs or alcohol
- Changing social identity
- Increasing self-awareness and awareness of others and their environment
- Developing a prosocial value system.

The behavioral goals for residents are to

- Develop self-discipline and impulse control
- Show compassion to others
- Achieve success and satisfaction in their personal and work life
- Become role models for new and junior residents
- Become responsible and productive members of society.

TCs have many maxims or sayings that remind staff members and residents about the goals for recovery. See Resource Sheet #1-1: TC Recovery Maxims, in Module 1.

### **TC View of Right Living**

TC residents are encouraged to accept the principles of right living, including

- *Honesty in word and deed:* Honest expression of emotions and reactions reveals residents' true self-identities to others and to themselves.
- *Responsible concern for others:* By challenging and supporting others, residents show that they care for them and for themselves and repudiate the code of the street.
- *Work ethic:* Self-reliance, excellence, earned rewards, pride, and commitment enable residents to become productive members of society.
- *Active and continuous learning:* Continuous learning about themselves and the world strengthens residents' ability to maintain recovery.

### **TCA Staff Competency—Understanding the Need for a Belief System Within the Community**

A TC operates with a set of beliefs, values, and guidelines that constitute its belief system. This system is the foundation for the positive social learning process. Staff members must demonstrate understanding of the TC belief system to be effective members of the community. Key assumptions of the TC belief system are that

- The TC treatment approach is effective.
- Residents can change and become responsible members of mainstream society.
- The community-as-method approach facilitates change. The TC, rather than a single therapist or counselor, is the healing force that facilitates individual change.
- Each member of the TC must assume responsibility for his or her behavior.

## **Review of Module 3**

---

### **Review**

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- \$ Describe three distinctive features of the TC: TC language, community-as-method, and rational authority?
  
  
  
  
  
  
  
  
  
  
- \$ Give an example of TC views: view of the disorder, view of the person, view of recovery, and view of right living?
  
  
  
  
  
  
  
  
  
  
- \$ State at least three assumptions of the TC belief system?
  
  
  
  
  
  
  
  
  
  
- \$ Explain at least one way staff members can demonstrate that they understand the need for a belief system?

### **Small-Group Activity**

Create a poster that illustrates one of the TC views. See Summary of Module 3 for definitions of each view.